

Figure SC850.F2.1. ES-931, "Request for Wage and Separation Information for California"

STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT REQUEST FOR WAGE AND SEPARATION INFORMATION UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE)				F.O. No. <u>006</u> BYB <u>9/24/96</u> Date claim filed <u>9/26/96</u> Date of request <u>9/26/96</u>			
<b>SECTION I. IDENTIFICATION DATA</b>							
1. a. Is payroll office address based on SF-8? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. If "No" does claimant state he/she received SF-8? <input type="checkbox"/> Yes <input type="checkbox"/> No			3. Name (Last, First, Middle, Maiden, if any) PLEASE PRINT. <u>Doe, Jane</u>				
2. Claimant states he/she was: a. <input type="checkbox"/> Regular full-time employee b. <input type="checkbox"/> Intermittent or part-time employee			4. SSA No.(s) <u>111-11-1111</u>				
<div style="border: 1px solid black; padding: 5px;">           Department of the Navy            Human Resources Office (Code 12440)            Naval Air Station, North Island            Box 357041            San Diego, CA 92135-7041         </div>			5. Date of Birth <u>5/4/60</u>		6. Date of Separation <u>9/22/96</u>		
			7. Position Title <u>Maintenance</u>				
			8. Place of Employment (City, State, or County) <u>San Diego</u>				
<b>SECTION II. FEDERAL AGENCY REPLY</b>							
<p>*If a completed Form ES 931 is not received by the State employment security agency by the 12th day, from the date the first request was made, the State agency may pay benefits to the claimant based on his/her affidavit as provided by Secretary of Labor's Regulation 20 CFR 609. Any benefit payments made to the claimant will be charged to the Federal agency(ies) in accordance with Section 1023, PL 96-499, Omnibus Reconciliation Act of 1980 (94 Stat. 2599). <b>COMPLETE SECTION II AND RETURN IN FOUR DAYS.</b></p>							
<b>1. FEDERAL CIVILIAN SERVICE</b>							
1. a. Did this person perform "Federal civilian service" (as defined for UCFE purposes) for your agency at any time during or after the base period shown in 2. a. below? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If "No," explain (use reverse side if necessary).							
NOTE: Nonappropriated fund activities employees do perform "Federal civilian service." <span style="float: right;"><u>California</u></span>							
1. b. Duty Station: Enter state of this person's last employment with your agency (or, if outside U.S., enter country). Obtain from Item 25, of SF-50, or, if SF-50 not used, record duty station or equivalent as shown on other separation document your agency uses.)							
<b>2. BASE PERIOD WAGES</b>							
PARENT AGENCY ID CODE (3 Digits) <u>423</u>	BRANCH AGENCY ID CODE (2 Digits) <u>423</u>	2. a. Report of wages			2. b. Report of duty hours:	2. c. Hourly pay rate:	
		QUARTER ENDING	YEAR	*GROSS WAGES			Workday <u>8</u> Basic workweek <u>40</u>
		<u>6/30</u>	<u>95</u>	<u>\$7,200</u>	2. d. IDENTIFICATION: If incorrect data shown in Section I, enter correction(s):		
		<u>9/30</u>	<u>95</u>	<u>\$7,200</u>			
		<u>12/31</u>	<u>95</u>	<u>\$7,200</u>			
		<u>3/31</u>	<u>96</u>	<u>\$7,800</u>			
		<u>6/30</u>	<u>96</u>	<u>\$7,800</u>			
<u>9/30</u>	<u>96</u>	<u>\$7,800</u>	*NOTE: Enter gross wages in Federal civilian service; if "None" so state. Do not include as wages any: (1) severance pay; or (2) lump-sum terminal annual leave payment reported in Item 3. a. below.)				
TOTAL GROSS WAGES:			<u>\$45,000</u>				
<b>3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION</b>							
3. a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the beginning date of base period shown in Item 2. a. above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," or if currently entitled to such a payment, record data below for each payment (or entitlement) since such date:							
(2) Amount of payment \$ <u>1,300</u>		(4) Amount of terminal annual leave:		(5) Period of terminal leave:			
		Days <u>12</u> Hours <u>172</u>		From: <u>9/25/96</u> To: <u>10/11/96</u>			
(3) Date paid: <u>10/13/96</u>		3. c. Date of last day of active pay status (including annual and sick leave) if earlier than date of separation, or if employee has not been separated. <u>9/22/96</u>					
3. b. Date of separation: <u>9/22/96</u>							
3. d. REASON FOR SEPARATION OR NONPAY STATUS. (Obtain from Item 12, "Nature of Action," and Item 30, "Remarks" of SF-50 or, if SF-50 not used, record equivalent information from other separation document(s) your agency uses. See Federal Personnel Manual for standards. If payroll office records are incomplete or inadequate, based on need for Forms ES-934 in similar cases, refer request to personnel office. USE REVERSE SIDE OR ATTACH COPIES OF DOCUMENTS, IF NECESSARY.)							
Discharge: <u>Falsification of Application for Employment</u>							
I certify that I have examined this report which constitutes the findings of this agency, and to the best of my knowledge and belief it is a true, correct, and complete report.							
<div style="border: 1px solid black; padding: 5px; width: fit-content;">           MAIL TO:         </div>  <div style="border: 1px solid black; padding: 5px; width: fit-content;">           (Field Office Stamp)         </div>			Signature and Title of Official and Date				
			<u>Personnel Management Specialist</u> Address of payroll office if different from that shown above				
			Name of Parent Federal Agency <u>Department of the Navy</u> ID Code No. <u>423</u> Phone <u>7-1</u>				

ES 931 Rev.10 (2-90)

Figure SC850.F2.2. ES-931, "Request for Wage and Separation Information for Florida"

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF UNEMPLOYMENT COMPENSATION BUREAU OF CLAIMS AND BENEFITS REQUEST FOR WAGE AND SEPARATION INFORMATION - UCFE				LOCAL OFFICE AND TELEPHONE NUMBER Jacksonville DATE NEW CLAIM FILED: 11/5/95    U.S. CITIZEN: <input checked="" type="radio"/> YES <input type="radio"/> NO    DATE OF REQUEST: 11/9/95			
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SECTION I. IDENTIFICATION DATA					
1. NAME (Last, First, Middle; Maiden, if any)		2. SOCIAL SECURITY NUMBER(S)		3. DATE OF BIRTH	
Doe, John		111-11-1111		10/16/62	
4. POSITION TITLE		5. PLACE OF EMPLOYMENT (City, State, or Country)		6. DATE SEPARATED	
Program Analyst		Jacksonville, Florida		11/8/95	
7a. IS PAYROLL OFFICE ADDRESS BASED ON SF-8?		8. CLAIMANT STATES HE/SHE WAS:		AND:	
<input checked="" type="radio"/> YES <input type="radio"/> NO		<input checked="" type="radio"/> a. REGULAR, FULL TIME EMPLOYEE		<input checked="" type="radio"/> APPROPRIATED	
b. IF "NO", DOES CLAIMANT STATE HE/SHE RECEIVED SF-8?		<input type="radio"/> b. INTERMITTENT OR PART-TIME EMPLOYEE		<input type="radio"/> NON-APPROPRIATED	
<input type="radio"/> YES <input checked="" type="radio"/> NO					

SECTION II. FEDERAL AGENCY REPLY			
INSTRUCTIONS: COMPLETE SECTION II AND RETURN ORIGINAL WITHIN 4 DAYS. SEE REVERSE FOR DETAILED INFORMATION.			
1. FEDERAL CIVILIAN SERVICE			
1a. Did this person perform "Federal Civilian service" (as defined for UCFE purposes) for your agency at any time during or after the base period shown in item 2a below? <input checked="" type="radio"/> YES <input type="radio"/> NO    If "NO", explain:			
2b. DUTY STATION: Enter State of this person's last employment with your agency (or, if outside U.S., enter Country): Florida			
2. BASE PERIOD WAGES			
2a. REPORT OF WAGES:			
QUARTER ENDING	YEAR	GROSS WAGES	NUMBER OF WEEKS OF EMPLOYMENT
9/30	1994	\$ 5,000	13
12/31	1994	\$ 5,000	13
3/31	1995	\$ 5,500	13
6/30	1995	\$ 5,500	13
9/30	1995	\$ 5,500	13
12/31	1995	\$ 2,000	5 1/2
		TOTAL	
		\$ 28,500	
2b. REPORT OF DUTY HOURS:			
NUMBER OF DUTY HOURS: WORKDAY		8	
NUMBER OF DUTY HOURS: BASIC WORK WEEK		40	
2c. ENTERED ON DUTY DATE:		1/10/94	
2d. IDENTIFICATION: If incorrect data shown in Section 1, enter correction(s):			
3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION			
3a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the beginning date of the base period shown in item 2a above?			
YES <input type="radio"/> NO <input checked="" type="radio"/>			
If "YES", or if currently entitled to such a payment, record data below for each payment (or entitlement since such date):			
(2) Amount	(4) Amount of Terminal Annual Leave:	Days:	Hours:
\$ 1,000		5	40
(3) Date of Payment	(5) Period of Terminal Leave:	Time	3b. Date of Separation:
11/17/95	From: 8:00	To: 5:00	11/8/95
			3c. Date of last day of Active Pay Status
			11/8/95
3d. REASON FOR SEPARATION OR NONPAY STATUS:			
Termination: Expiration of Appointment			
I CERTIFY THAT I have examined this report (including the instructions on the reverse of this form); that this report constitutes the findings of this agency under Federal Law (5 U.S.C. 8506(a)) and, to the best of my knowledge, it is a correct and complete report.			
SIGNATURE OF OFFICIAL		TITLE	
		Personnel Management Specialist	
		DATE	
		11/13/95	
4. NAME AND CODE OF PARENT FEDERAL AGENCY (E.G. NASA, 631, Postal Data Service - 732)		5. NAME OF AGENCY COMPONENT AND ADDRESS OF PAYROLL OFF (if different from address shown on reverse)	
Department of the Army FIC 422			

LES FORM ES-931, (UCF-931) (REV. 2/94)

Figure SC850.F2.3. ES-931, "Request for Wage and Separation Information for New York"

NEW YORK STATE DEPARTMENT OF LABOR Unemployment Insurance Division		Date New Claim Filed 10/16/96	Date of Request 10/18/96	Local Off. No. 20																		
 <b>REQUEST FOR WAGE AND SEPARATION INFORMATION - UCFE</b>		<b>SECTION I. IDENTIFICATION DATA</b>																				
<p>The Payroll Office address below was <u>was not</u> based on SF 8. The claimant states that SF 8 was <u>was not</u> issued by your agency.</p> <table border="1" style="width: 100%;"> <tr> <td colspan="3">PARENT FEDERAL AGENCY</td> </tr> <tr> <td colspan="3">Department of the Army</td> </tr> <tr> <td>NO.</td> <td colspan="2">STREET</td> </tr> <tr> <td colspan="3">U. S. Army Engineer District - Buffalo</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td>1776 Niagara St., Buffalo, NY</td> <td>14207-31</td> <td>99</td> </tr> </table> <p>INSTRUCTIONS FOR SECTION II. Complete Section II and return original and one copy <u>within 4 days</u> to address below</p> <p>(Throughout this form the term "Week" means Monday through Sunday)</p>		PARENT FEDERAL AGENCY			Department of the Army			NO.	STREET		U. S. Army Engineer District - Buffalo			CITY	STATE	ZIP CODE	1776 Niagara St., Buffalo, NY	14207-31	99	1. Social Security Account Number(s) 111-11-1111		
		PARENT FEDERAL AGENCY																				
		Department of the Army																				
		NO.	STREET																			
		U. S. Army Engineer District - Buffalo																				
		CITY	STATE	ZIP CODE																		
		1776 Niagara St., Buffalo, NY	14207-31	99																		
		2. Name (Last, First, Middle; Maiden, if any) Doe, John																				
3. Date of Birth 4/1/50	4. Employee No.																					
5. Position Title Engineer																						
6. Place of Employment (City, State, or Country) Buffalo																						
7. <input checked="" type="checkbox"/> Regular Full Time Employee <input type="checkbox"/> Intermittent or Part-Time Employee																						
8. Date of Separation 10/14/96																						
<b>SECTION II. FEDERAL AGENCY REPLY</b>																						
<b>1. FEDERAL CIVILIAN SERVICE</b>																						
1a. Did this person perform Federal civilian service (as defined for UCFE purposes) for your agency at any time during the period indicated in Item 2 below? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "No," explain why service was not Federal civilian service.																						
1b. DUTY STATION: Enter state of this person's last employment with your agency (or, if outside U.S., enter country) New York																						
<b>2. BASE PERIOD WAGES</b>																						
For the Base Period <u>                    </u> FROM 10/9/95 THRU 10/7/96																						
2a. Weeks of Work During Period Shown Above:                      Weeks	2b. Gross Wages During this Period: (If "None", so state. Do not include as wages: (1) severance pay; or (2) lump-sum terminal annual leave payment reported in Item 3a below.) \$ 36,000		2c. Records maintained: <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Earned Basis																			
2d. No. of weeks during this period in which employee worked and earned less than \$80.00: 0                      Weeks	Total Earnings for Such Weeks: \$																					
2e. IDENTIFICATION: If incorrect data is shown in Section I, enter correction(s). (Use reverse side if necessary):																						
<b>3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION</b>																						
3a. (1) Did this person receive lump-sum payment(s) for terminal annual leave on or after the beginning date of the base period shown above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", or if currently entitled to such payment, enter data below:																						
(2) Period of Terminal Leave: From:                      To:                      (3) Amount of Payment: \$																						
(4) Date of Payment:	3b. Date of Separation: 10/14/96	3c. Date of Last Day of Active Pay Status: 10/14/96																				
3d. Reason for Separation or Nonpay Status: Discharged: Unsatisfactory Performance (Use reverse, if needed.)																						
I CERTIFY THAT I have examined this report (including the instructions on the reverse of this form); that this report constitutes the findings of this agency under Federal Law (5 U.S.C. 8506(a)) and to the best of my knowledge, it is a correct and complete report.																						
NEW YORK STATE DEPARTMENT OF LABOR Unemployment Insurance Division		LEAVE BLANK	Signature of Official		Date																	
		Ben. Rate			10/23/96																	
		Pens. Red.	Title Employee Relations		Parent Federal Agency Dept. of the Army																	
		Net Rate.	Name and Address of Payroll Office (if different from above)																			
<b>CHARACTERISTICS</b>																						
SEX	D.O.B.	GRP.	EDUC.	OCC.	VET.	RESIDENCE																

FL2 (1/90)  
(ES 931, 9-72/MA 8-36)

Figure SC850.F2.4. ES-931, "Request for Wage and Separation Information for Texas"

BENEFITS - UCFE  
TEXAS WORKFORCE COMMISSION  
101 E 15 ST RM 376  
AUSTIN TX 78778-0000

MAR 11 1997

## ES-931 REQUEST FOR WAGE AND SEPARATION INFORMATION-UCFE

Date Mailed: March 6, 1997

Department of the Army  
Directorate of Civilian Personnel  
1410 Stanley Rd., Bldg 144  
Ft. Sam Houston, TX 78234-5023

Federal Agency Code: 422  
TWC Account Number: 99-999422-9  
Initial Claim Date:  
Date to LCCC: 03-05-97  
Case Number: 1  
Last Employer: YES

SECTION I. IDENTIFICATION DATA			SECTION II. FEDERAL AGENCY REPLY		
1. NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY)) Doe, John	2. SOCIAL SECURITY NUMBER 000-00-0000	3. BIRTHDATE 07-08-55	INSTRUCTIONS: COMPLETE SECTION II AND RETURN WITHIN 4 WORKDAYS		
4. POSITION TITLE EMPLOYEE	5. PLACE OF EMPLOYMENT (CITY STATE OR COUNTRY) SAN ANTONIO	6. SEPARATION DATE 02-27-97	1. FEDERAL FINDINGS TO DETERMINE FEDERAL CIVILIAN SERVICE		
7. IS FEDERAL AGENCY ADDRESS BASED ON SF87 NO	8. CLAIMANT WAS: REGULAR FULL TIME EMPLOYEE	9. REASON FOR SEPARATION: FIRED	DID THIS PERSON PERFORM "FEDERAL CIVILIAN SERVICE" AS DEFINED FOR UCFC PURPOSES FOR YOUR AGENCY AT ANY TIME DURING THE BASE PERIOD SHOWN IN ITEM 2. BELOW? YES NO (EXPLAIN ON SEPARATE ATTACHMENT)		
2. WAGES CLAIMANT REPORTED TO TWC			2A. FEDERAL WAGES		
QUARTER ENDING	YEAR	GROSS WAGES	QUARTER ENDING	YEAR	GROSS WAGES
12-31	1995	\$0.00	12-31	1995	\$ 4 1 2 8 . 2 0
3-31	1996	\$0.00	3-31	1996	\$ 4 8 1 0 . 4 0
6-30	1996	\$0.00	6-30	1996	\$ 4 3 4 1 . 6 0
9-30	1996	\$0.00	9-30	1996	\$ 5 0 8 4 . 8 0
12-31	1996	\$0.00	12-31	1996	\$ 4 4 7 6 . 4 0
3-31	1997	\$0.00	3-31	1997	\$ 1 1 6 2 . 2 4
B. LOCATION OF LAST DUTY STATION (STATE OR IF OUTSIDE U.S. COUNTRY): Texas					
C. IDENTIFICATION OF INCORRECT DATA SHOWN IN SECTION I. ENTER CORRECTIONS HERE:					
3. TERMINATION ANNUAL LEAVE, SEPARATION AND SEVERANCE PAY INFORMATION					
A. DID THIS PERSON RECEIVE A LUMP-SUM PAYMENT(S) FOR TERMINAL ANNUAL LEAVE ON OR AFTER THE BEGINNING DATE OF THE BASE PERIOD SHOWN IN 2. ABOVE? YES X NO IF "YES", OR IF CURRENTLY ENTITLED TO SUCH A PAYMENT, RECORD DATES BELOW FOR EACH PAYMENT OF ENTITLEMENT SINCE SUCH DATE:					
PAYMENT DATE: / / DAYS OF LEAVE: PAYMENT AMOUNT \$					
PERIOD FROM: TIME: DATE: / / TO TIME: DATE: / /					
B. DATE OF SEPARATION: 2 / 27 / 97 C. LAST DAY OF ACTIVE PAY STATUS 2 / 27 / 97					
D. REASON FOR SEPARATION OR NONPAY STATUS: PLEASE MARK THE APPLICABLE RESPONSE AND PROVIDE A DETAILED EXPLANATION. ATTACHING ADDITIONAL PAGES IF NECESSARY. TWC MAY DISCLOSE TO THE CLAIMANT ANY INFORMATION YOU PROVIDE.					
<input type="checkbox"/> TEMPORARY LAYOFF <input type="checkbox"/> RETURN TO WORK DATE: / / <input type="checkbox"/> PERMANENT LAYOFF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED <input type="checkbox"/> LABOR DISPUTE					
Termination: Involuntary					
E. DID THIS PERSON RECEIVE OR IS HE/SHE ENTITLED TO RECEIVE SEVERANCE PAY PROVIDED BY FEDERAL LAW OR AGENCY					
EMPLOYEE AGREEMENT? YES X NO IF "YES", COMPLETE THE FOLLOWING INFORMATION: TOTAL ENTITLEMENT \$					
WEEKLY ENTITLEMENT: \$ NUMBER OF WEEKS: BEGINNING DATE: / / ENDING DATE: / /					
SIGNATURE OF OFFICIAL: DATE: 3/4/97			SECTION III		
PRINT NAME: Jane Smith			B. NAME OF PARENT FEDERAL AGENCY, 3-DIGIT FEDERAL AGENCY CODE, AND ADDRESS (IF DIFFERENT FROM ADDRESS SHOWN ABOVE.)		
TITLE: Personnel Specialist			Department of the Army FIC 422		
TELEPHONE: ( )					